

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

District Court No. 14-66-00037Appeal No. Sept. 29, 2020**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Josephine Amatur**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: SEPTEMBER

My issues on appeal are:

A FOURTH AMENDMENT MALICIOUS PROSECUTION CLAIM UNDER U.S.D. 1983 FOR DAMAGES  
A MONETARY CLAIM UNDER 1983 FOR DAMAGES

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

1728.11

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
<u>Social Security</u> <u>RENT</u>	<u>\$ 350.</u>	<u>\$ 0</u>	<u>\$ 350.</u>	<u>\$ 0</u>
Employment	\$ N/A	\$	\$	\$
Self-employment	\$ N/A	\$	\$	\$
Income from real property (such as rental income)	\$ 350.	\$	\$ 350.	\$
Interest and dividends	\$ N/A	\$	\$	\$
Gifts	\$ N/A	\$	\$	\$
Alimony	\$ N/A	\$	\$	\$
Child support	\$ N/A	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ <del>1511.00</del>	\$	\$ 1511.00	\$
Disability (such as social security, insurance payments)	\$ N/A	\$ 0	\$	\$
Unemployment payments	\$ N/A	\$	\$ 1861.00	\$

See PAPERS ATTACHED

<b>Installment payments</b>		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
<b>Total monthly expenses:</b>	\$0	\$0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?

☐ Yes ☒ No If yes, how much? \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

*READ MY EXPENSES*

12. State the city and state of your legal residence: WOLFEBORO, NEW HAMPSHIRE  
 Your daytime phone number: ( ) 603-569-2429  
 Your age: 22 Your years of schooling: 3 YEARS College  
 Last four digits of your social-security number: 3410

Motor vehicle #2	Other assets	Other assets
(Value) \$ <i>UNKNOWN</i>	(Value) \$	(Value) \$
Make and year: <i>2012 NISSAN</i>	<i>VERSA</i>	
Model: <i>NISSAN VERSA</i>		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <i>RENTAL</i>	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$ <i>100.00</i>	\$
Food	\$ <i>100.00</i>	\$
Clothing	\$ <i>100.00</i>	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$ <i>150.00</i>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renters:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$

See Attached

Other (specify):	\$ 0	\$ /	\$ /	\$ /
Total monthly income:	\$0 0	\$0 /	\$0 /	\$0 /

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ /
			\$ /
			\$ /

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ /
			\$ /
			\$ /

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ /	\$ /
		\$ /	\$ /
		\$ /	\$ /

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) \$	Other real estate (Value) \$	Motor vehicle #1 (Value) \$
N/A	N/A	N/A
		Make and year: /
		Model: /
		Registration #: /

2204

INCOME

Social Security

1,511.00

~~3,500.00~~ LEFT~~WINTER~~

## BILLS

## MONTHLY

- |                                      |                    |
|--------------------------------------|--------------------|
| 1. <del>REAL ESTATE</del>            | : <del>82.80</del> |
| 2. AARP-UNITED HEALTH INSURANCE      | 174.50             |
| 3. LIBERTY MUTUAL HOUSE INSURANCE    | HOUSE 99.50        |
| AND CAR INSURANCE MART FORD          | CAR 96.00          |
|                                      | 181.11 CAR 43.52   |
| 4. PRESCRIPTION DRUG                 | 32.60              |
| 5. Metrocast ATLANTIC BROADBAND      | 184.63             |
| 6. Fuel (heating) CARDINAL & BLISSON | 250.00             |
| 7. Santander (Car Payment)           | 278.83             |
| 8. Lawrence Sumski (Bankruptcy)      | 500.00             |
| 9. Electric (Town)                   | 50.00              |
| 10. Food                             | 200.00             |
| 11. Gas for car                      | 100.00             |
| 12. Clothing                         | 50.00              |

Social Security

1,511.00

TOTAL 2,084.66

TOTAL INCOME

~~1,817.00~~

At end of month I borrow the balance from my church. And it goes on and on.

# Social Security Administration

Date: August 13, 2020  
BNC#: 20BC660C56629  
REF: A ,DI

# 000000506 I=000000 0813 BEVE 96S  
504 1 MB 0.436  
JOSEPHINE S AMATUCCI  
P O BOX 272  
WOLFEBORO FALLS NH 03896-0272

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is \$ 1673.50.

We deduct \$144.60 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 1528.00.  
(We must round down to the whole dollar.)

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

### Date of Birth Information

The date of birth shown on our records is September 27, 1938.

## Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

AAEP

**Payment  
Coupon**

Membership Number  
**314676163-1**

Payment is due on or  
before the due date.

Due Date

**01-01-2015**

Amount Due  
**\$174.50**

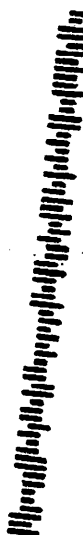
Insured Member 1  
**JOSEPHINE S AMATUCCI**  
Member 1 Coverage

Member 2 Coverage

**3146761631745001011509141465 2**

If you make a payment of  
\$2070.00 by January 31 for  
the full year, you'll save  
\$24! Call if you have any  
questions: 1-800-823-8800.

PO BOX 660291  
DALLAS TX 75266-0291



PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO UNITED FARMERS INSURANCE COMPANY.  
PLEASE DO NOT FOLD, STAPLE OR TAP COUPON AND CHECK WITH YOUR RETURN.  
PLEASE USE THE ENVELOPE PROVIDED TO RETURN COUPON AND PAYMENT.

\*006262\*

LIBERTY MUTUAL INSURANCE  
P.O. BOX 6829  
SCRANTON, PA 18505



PLEASE READ: Payments or documents sent to the address above will not be processed

JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

### Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage.

Josephine, thank you for being our valued customer since 2017!

### THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

#### INSURANCE INFORMATION

Policy Number:	H37 218 117400 70
Policy Period:	May 07, 2019 - May 07, 2020
Bill Frequency:	Monthly
Property Insured:	350 GOVERNOR WENTWORTH HWY WOLFEBORO, NH 03894-4635

#### BILLING DETAILS

Previous Policy Balance	\$123.27
Payment Activity	
Payments Received	\$0.00
Installment Charge	\$5.00
Policy Balance	\$128.27
Past Due Amount	\$123.27
Installment Charge	\$5.00

Please Pay Total Amount Due by April 26, 2020 **\$128.27**

#### QUESTIONS

##### Questions Regarding Your Policy or Bill?

1-800-225-8285

##### Want to Pay Online?

LibertyMutual.com/service

##### Need to Report a Claim?

1-800-2CLAIMS (1-800-225-2467)

##### Mail Check to:

Liberty Mutual Group  
PO BOX 1452  
New York, NY 10116-1452

##### Save Time & Money

Eliminate installment charges by paying your balance in full.



#### PAYMENT COUPON

Please send all payments in the envelope provided.

JOSEPHINE AMATUCCI

Due Date: April 26, 2020





Auto & Home Insurance  
Program from



Hartford Fire Insurance Company

MB 01 004976 99827 B 16 C

AMATUCCI JOSEPHINE  
P O BOX 272  
WOLFEBORO FALLS, NH 03896-0272



## Automobile Insurance Bill

Statement Date 06/23/20  
Bill Account Number 9040818  
Policy Term 05/13/20-05/13/21  
Policy Number 55 PHG28461

DUE DATE	MINIMUM DUE	CURRENT BALANCE
07/13/20	\$74.84	\$889.40

### IMPORTANT INFORMATION

- Thank you for your business. Please refer to the back of the bill for additional information.
- If we receive the minimum amount due by the due date, you will avoid a \$12.00 late payment fee.

### How to pay your bill:

Online: [www.thehartford.com/myaccount](http://www.thehartford.com/myaccount)

Phone (24/7): 1-800-423-6789

Mail: Mail your check with the attached Payment Stub

### INSTALLMENT SCHEDULE

If you pay the minimum amount due, then your remaining installment schedule will be as follows:

Bill Date	Due Date	Amount
06/23/20	07/13/20	\$74.84*
07/23/20	08/12/20	\$106.82*
08/23/20	09/12/20	\$106.82*
09/23/20	10/13/20	\$106.82*
10/23/20	11/12/20	\$106.82*
11/23/20	12/13/20	\$106.82*
12/23/20	01/12/21	\$106.82*
01/23/21	02/12/21	\$106.82*
02/23/21	03/15/21	\$106.82*

\* Includes a \$5.00 installment fee.

Please write your policy number on your check. If you are paying multiple policies, please send in corresponding payment stubs.

Make check payable & mail to:

The Hartford

Policy Number: 55 PHG 284613

Amount  
Enclosed \$ \_\_\_\_\_

Payment Due Date	07/13/20
Current Balance	\$889.40
Minimum Due	\$74.84

The Hartford  
P O Box 660912  
Dallas, TX 75266-0912



AMATUCCI JOSEPHINE  
P O BOX 272  
WOLFEBORO FALLS, NH 03896

## HERE ARE YOUR INSURANCE ID CARDS.



### STATE OF NEW HAMPSHIRE LIABILITY INSURANCE IDENTIFICATION CARD

INSURED: **Josephine&Josephine Amatucci**  
350 Governor Wentworth Hwy  
Wolfeboro, NH 03894-4635

POLICY NUMBER: 55PHG284613

EFFECTIVE DATE: 05/13/2020, 12:01AM

EXPIRATION DATE: 05/13/2021, 12:01AM

YEAR/MAKE/MODEL: 2012 Nissa Versa S SL

VIN: 3N1BC1CP5CL380509

HARTFORD INSURER: Hartford Fire Insurance Company  
One Hartford Plaza  
Hartford, CT 06155

### IMPORTANT: REVIEW THESE CARDS CAREFULLY.

Compare the information here to your vehicle's registration. If it does not agree, contact your Hartford insurance representative immediately so that we can make the corrections.

If these are renewal cards, put them in a safe place until they take effect. Destroy the old cards only after the Effective Date shown on these new ones.

KEEP THIS CARD IN YOUR VEHICLE AT ALL TIMES. Not valid for more than one year from the effective date. Coverage meets minimum liability required by law.

Cut along dotted lines ▲



**See important  
information  
on the reverse. ►**

*2012 NISSA VERSA*

*HARTFORD*

*CP5CL380509*

*05/13/2020 12:01AM*

*05/13/2021 12:01AM*



**AARP MedicareRx Plans**  
insured through **UnitedHealthcare**

Hot Springs, AR 71903-3367

Action Required

125PARTD\_BILLINGNCOLOR00010060860401

JOSEPHINE S AMATUCCI

PO BOX 272

WOLFEBORO FALLS NH 03896-0272



**Questions?**

We're here to help.

Toll-Free **1-866-460-8854**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week

**Your June 2018 statement.**

<b>Member ID:</b>	<b>0173542561</b>
Previous balance	\$ 79.60
Payments received	\$ 0.00
Current charges	\$ 39.80

<b>Total due</b>	<b>\$119.40</b>
Due in full by	June 1, 2018

See details about your current charges on the back of this page.

**You have a past due balance.**

Please call Customer Service to pay your past due balance today. If we don't receive payment soon, you may be disenrolled from the plan.

**About your payment.**

Your payment can take up to 10 days to post to your account. If we received it after May 4, 2018, you'll see it on your next statement.

**It's easy to set up automatic payments.**

Use the form on the next page to sign up for Electronic Funds Transfer (EFT) and have your monthly payments automatically deducted from your bank account.

or

Call Customer Service to have your monthly payments automatically deducted from your Social Security or Railroad Retirement board check.

or

Call Customer Service to have your monthly payments automatically charged to your credit card.

You can stop automatic deductions at anytime — keeping you in control of your money.\*



**Access your account online.**

Make a payment, view claims and plan details. Sign up to get plan information delivered online.

**www.MyAARPMedicare.com**



## Statement of Service

Billing Date:

November 6, 2017

Account Number: 8252 16 019 0036530

How to reach us ...

Office hrs M-F 8:00am-6:00pm  
Sat 8am-4:30pm WWW.Motocast.com  
Phone hrs 24/7 1-800-852-1001

For Service At...

380 GOVERNOR WENTWORTH HWY  
WOLFEBORO NH 03864-4635

MOTOCAST CABLEVISION  
10 APPLE RD BELMONT NH 03220-9251  
Box 1600 WOLFEBORO NH 03864-4635  
TELEPHONE AMATEUR  
P.O. BOX 272  
WOLFEBORO FALLS NH 03868-0272



## Account Summary

Your account is past due. Please remit the total balance due  
or arrange to pay to avoid a \$25.00 collection effort charge or  
discontinuation of service. If payment was made after the  
due date, please disregard this message. Thank you.

Please use reverse side for account details.

Payable Balance	\$ 264.72
Payment(s)	-180.80
Monthly Charge(s)	167.91
Other Charge(s)	8.00
Taxes & Fees(s)	8.86
Balance Due	\$ 262.89
Payment Due Date	Upon Receipt

184.63



*Car Loan*

## SPECIAL OFFERS

Questions? Go to [MyAccount.SantanderConsumerUSA.com](http://MyAccount.SantanderConsumerUSA.com) or call Toll-Free 1-888-222-4227.

See reverse for additional payment options.

MoneyGram or Western Union.

Pay by Phone at 1-888-222-4227.

Pay Online at [MyAccount.SantanderConsumerUSA.com](http://MyAccount.SantanderConsumerUSA.com).

Description	Date	Amount
Payment Made	04/11/2015	\$-278.83
Late Fee Assessed	03/24/2015	\$10.00

## ACCOUNT ACTIVITY SINCE LAST STATEMENT

Your account is 11 days delinquent.  
No valid work phone number, please update online.

## ACCOUNT ALERTS &amp; IMPORTANT MESSAGES

\*Balance including principal, accrued interest, and unpaid fees and charges as of the Statement Date.

**\$566.49**

TOTAL AMOUNT DUE

Account Number: 4528746  
Account Status: Past Due  
Statement Date: 04/20/2015  
Payment Due Date: 04/08/2015  
Payment Amount: \$278.83  
Payments Made: 5  
Maturity Date: 10/08/2020  
Past Due Amount: \$267.66  
Principal: \$14,514.39  
Accrued Interest: \$39.72  
Unpaid Fees & Charges: \$20.00  
Estimated Payoff: \$14,574.11

## ACCOUNT INFORMATION



WOLFEBORO FALLS, NH 03896

JOSEPHINE AMATUCCI

PO BOX B 272



**Santander**  
CONSUMER USA

**LAWRENCE P. SUMSKI**  
**CHAPTER 13 BANKRUPTCY TRUSTEE**  
1000 Elm Street, Suite 1002  
Manchester, NH 03101

April 4, 2016

Josephine Amalucci  
POB 272  
Wolfeboro Falls, NH 03896

RE: Chapter 13 #15-11858-BAH

Dear Ms. Amalucci:

We do not process Plan payments at our office. Checks need to be sent to our Lock Box in Memphis, Tennessee. I am therefore returning your check #23582063316 in the amount of \$299.00 dated April 2, 2016.

Please send all Plan payments to the following address:

Lawrence P. Sumski  
Chapter 13 Trustee  
PO Box 839  
Memphis, TN 38101-0839

**PLEASE include your case number!**

The address for correspondence only is:

Lawrence P. Sumski  
Chapter 13 Trustee  
1000 Elm Street, Suite 1002  
Manchester, NH 03101

Please call if you have any question regarding this.

Yours truly,

/s/ Lawrence P. Sumski

Lawrence P. Sumski

LPS:tc

NATHANIEL - PERKINS

DEAR TRUSTEE HOWARD  
469-549-3142  
KAREN

CALL  
her

PER HQ. PER  
5 YEARS

TAXES

*Town of  
Wolfeboro*

MUNICIPAL ELECTRIC DEPARTMENT  
84 SOUTH MAIN STREET  
P.O. BOX 777  
WOLFEBORO, NH 03894-0777  
603-569-8150  
603-569-8183

BILLING DATE	11/28/17	ACCOUNT NUMBER
DUE DATE	12/27/17	09-0449.002
TOTAL AMOUNT DUE	\$10,409.94	

AMOUNT REMITTED \$ \_\_\_\_\_  
Service Address: 350 GOV WENTWORTH HWY

IF YOU HAVE AN ADDRESS CHANGE, PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE. ☐

Please return this portion with your payment and make checks payable to:

287 1 SP 0.460 E0287X 10324 03073818705 S2 P4858087 0001:0001



JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro  
P.O. Box 777  
Wolfeboro, NH 03894-0777

MUNICIPAL ELECTRIC DEPARTMENT 84 SOUTH MAIN STREET P.O. BOX 777 WOLFEBORO, NH 03894-0777 603-569-8150 603-569-8183				ACCT NO.	09-0449.002	PROPERTY OWNER	JOSEPHINE AMATUCCI		
				NEXT READ	12/21/17	SERVICE LOCATION	350 GOV WENTWORTH HWY		
				BILLING DATE	11/28/17	RATE	DOMESTIC ALL YR DA		
METER NUMBER(S)		PREVIOUS			PRESENT			MULTI.	TOTAL KWH USED
		DATE	READING	READ CODE	DATE	READING	READ CODE		
3320		10/23/17	9853	ACT	11/28/17	2465	ACT	1	2612
PREVIOUS BALANCE						\$10,093.54			
PAYMENTS AS OF 11/28/17						\$50.00CR			
BALANCE FORWARD						\$10,043.54			
CUSTOMER CHARGE						\$5.55			
DISTRIBUTION 2612 KWH @ .035200						\$91.94			
GENERATION 2612 KWH @ .102400						\$267.47			
STATE OF NEW HAMPSHIRE CONSUMPTION TAX						\$1.44			
						=====			
TOTAL AMOUNT DUE						\$10,409.94			



2ND INSTALLMENT: \$ 494.  
 TOTAL PAYMENTS: \$ 0.  
 AMOUNT DUE \$ 966.  
 BY DEC 19, 2017

Property Location: 350 GOV WENTWORTH HWY

21581476373 6217X 0250 03940629 32 P4331113 0001 0001

AMATUCCI, JOSEPHINE  
 PO BOX 272  
 WOLFEBORO FALLS NH 03896-0272

Town of Wolfboro  
 P.O. Box 629  
 Wolfboro, NH 03894-0629

PLEASE DETACH AND RETURN ABOVE PORTION WITH YOUR PAYMENT. MAKE CHECK PAYABLE TO THE TOWN OF WOLFEBORO.

*Town of  
 Wolfboro*

REAL ESTATE TAX BILL  
 84 SOUTH MAIN STREET P.O. BOX 629  
 WOLFEBORO, NH 03894-0629

OFFICE HOURS  
 MONDAY - FRIDAY : 8:00AM - 4:00PM  
 TELEPHONE (603) 569-3902  
 email : taxcollector@wolfboronh.us

PROPERTY OWNER(S):  
 AMATUCCI, JOSEPHINE

MAILING ADDRESS:

PO BOX 272  
 WOLFEBORO FALLS NH 03896-0272

TAX YEAR: 2017

ACCOUNT NUMBER: 10-3996.701

TAX MAP/LOT NUMBER: 151-21

PROPERTY LOCATION: 350 GOV WENTWORTH HWY

	TAX RATES	TOTAL VALUATION	AMOUNT	ASSESSMENT INFORMATION		TAX INFORMATION	
MUNICIPAL	5.760	\$64,500	\$371.00	BUILDING VALUE	\$70,000	GROSS TAX	\$966.00
SCHOOL - LOCAL	5.550	\$64,500	\$357.00	LAND VALUE	\$84,500	CREDITS	
SCHOOL - STATE	2.280	\$64,500	\$147.00	TOTAL VALUE	\$154,500	NET TAX	\$966.00
COUNTY	1.390	\$64,500	\$89.00	EXEMPTIONS		FIRST BILL	\$472.00
						SECOND BILL	\$494.00
TOTAL	14.980	\$64,500	\$966.00	TAXABLE VALUE	\$64,500	PAYMENTS	
				AMOUNT DUE BY	DEC 19, 2017	\$966.00	

IF PAID AFTER DUE DATE ANNUAL INTEREST RATE OF 12% WILL BE CHARGED  
 PRIOR YEARS TAXES DO NOT INCLUDE ACCUMULATED INTEREST OR COSTS  
 PLEASE CONTACT THE TAX OFFICE FOR UPDATED AMOUNTS

# IMPORTANT NOTICE TO ALL TAXPAYERS:

IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN, OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES DUE TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT, OR REFERRAL. FOR DETAILS AND APPLICATION INFORMATION, CONTACT THE ASSESSING DEPARTMENT. (CONTACT AND ADDITIONAL INFORMATION ON REVERSE SIDE OF THIS BILL.)

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION